Bureau of Health Care Quality and Compliance

			X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
				A. BUILDING B. WING		00/00/0040		
		NVN5353AGC	CTDEET ADD	DECC CITY CTA	TE 710 000E	08/	09/2010	
				RESS, CITY, STA	TE, ZIP CODE			
SIERRA V	ISTA SENIOR LIVING		210 S ORM CARSON C	ITY, NV 8970	3			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
Y 000	Initial Comments			Y 000				
	The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual grading survey conducted in your facility on 8/9/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received a grade of D. The facility is licensed for nine Residential Facilit for Group beds for elderly and disabled persons with four beds Category I and five beds Category II residents. The census at the time of the survey was four. Four resident files were reviewed and six employee files were reviewed. The following deficiencies were identified: 449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2,		d as s, ral, ed as ted in as acility ons egory urvey and	Y 103				
	chapter 441A of NAC		:					

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIP	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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Y 103	Continued From page	e 1		Y 103			
	NAC 441A.375 regard testing for the protect (Employee #1, #2, #3 employees lacked a p examination (Employe	ion of all residents s, #5 and #6) and 5 of 6 ore-employment physica ee #1, #2, #4, #5 and #	al				
	Severity: 2 Scope: 3	3					
Y 105 SS=F	449.200(1)(f) Personn	nel File - Background C	heck	Y 105			
	a separate personnel member of the staff o	e provided in subsection file must be kept for ea f a facility and must inc iance with NRS 449.17	ach lude:				
	Based on record reviet failed to ensure 4 of 6 background check red to 449.188 (Employee were not obtained with missing FBI and State criminal history stater	ot met as evidenced by: ew on 8/9/10, the facility 6 employees met quirements of NRS 449 e #1, #5 and #6 - finger thin 10days after hire da e background reports, a ments were not signed.	y 1.176 prints ate, and				
	Severity: 2 Scope: 3	3					
Y 106 SS=E	449.200(2)(a) Person	nel File - 1st aid & CPF	₹	Y 106			
	NAC 449.200 2. The personnel file residential facility mus	for a caregiver of a st include, in addition to	the				

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
Y 106	Continued From page	2		Y 106			
	information required p (a) A certificate stating currently certified to p cardiopulmonary result. This Regulation is no	oursuant to subsection g that the caregiver is perform first aid and ascitation. of met as evidenced by: ew on 8/9/10, the facility of 6 caregivers were a cardiopulmonary					
	Severity: 2 Scope: 2	2					
Y 444 SS=F	NAC 449.229 9. Smoke detectors moperating conditions at tested monthly. The it to this subsection must maintained at the facing the second second reviews a second review of the second reviews and the second reviews and the second reviews at the second record reviews and the second reviews at the second revi	nust be maintained in part all times and must be results of the tests pursest be recorded and lity. In the met as evidenced by: In the work on 8/9/10, the facility tectors were tested 7 or anuary, February, Marchally 2010).	e suant y did ut of	Y 444			
Y 878 SS=F	449.2742(6)(a)(1) Me	dication / Change orde	r	Y 878			

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Y 878	Continued From page	e 3		Y 878			
	the physician. If a ph the amount or times r administered to a res	tion prescribed by a ministered as prescribe sysician orders a chang medication is to be ident: ponsible for assisting ir medication shall:	e in				
	Based on observation review on 8/9/10, the administer as needed prescribed for 3 of 4 medications were not	d (PRN) medications as residents because the tavailable in the facility ol, Resident # 2 - Endocriptin).	3				
Y 879 SS=E	Y 879 SS=E 449.2742(6)(a)(2) Medication / Change ord		er	Y 879			
	the physician. If a ph the amount or times r administered to a res	tion prescribed by a ministered as prescribe sysician orders a chang medication is to be ident: ponsible for assisting ir	e in				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED 08/09/2010	
	NIVALEZEZ A C.C.			A. BUILDING B. WING			
NAME OF DE	DOVIDED OD SLIDDLIED	NVN5353AGC	STREET ADDI	 RESS, CITY, STA	TE ZIP CODE		09/2010
CIEDDA VISTA CENIOD LIVING			210 S ORM				
(X4) ID PREFIX TAG	SUMMARY ST (EACH DEFICIENC REGULATORY OR		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
Y 879	Continued From page 4 (2) Indicate on the container of the medication that a change has occurred. This Regulation is not met as evidenced by: Based on record review and interview on 8/9/10, the facility failed to ensure that 1 of 4 residents received medications as prescribed (Resident #1-		Y 879				
	Oxycodone, medicati physician's order). Severity: 2 Scope:	on strength different fro		V. ooo			
Y 898 SS=C	NAC 449.2744 1. The administrator of provides assistance that administration of medical (b) A record of the mode each resident. The record of the mode administration of the resident of the	of a residential facility the oresidents in the dication shall maintain: edication administered ecord must include:	to	Y 898			
	Based on record revi failed to ensure the m record (MAR) include	ot met as evidenced by ew on 8/9/10, the facilit nedication administration ad dosage and instruction Resident #1 - Oxycodor Glipizide, 10mg and	y on ons				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB			(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SUF COMPLETI		
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SIERRA V	ISTA SENIOR LIVING		210 S ORM CARSON C	SBY BLVD ITY, NV 8970	3		
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Y 898	Continued From page	÷ 5		Y 898			
	Severity: 1 Scope: 2						
Y 920 SS=E	449.2748(1) Medicati	on Storage		Y 920			
	NAC 449.2748 1. Medication, including over-the-counter medication are stored at a residential facility must be stored area that is cool and caregivers employed shall ensure that any medical or diagnostic may be misused or a president or any other person is protected. Mexternal use only must locked area separate medications. A reside of administering medication in his room medication is kept in a container for which the been provided a key.	In a locked dry. The by the facility medication or equipment that opropriated by a unauthorized Medication for st be kept in a from other ent who is capable cation to himself may keep his m if the a locked	ny				
	Based on observation	ot met as evidenced by: n and interview on 8/9/1 rep medications for 1 of area (Resident #4 -	0,				
	Severity: 2 Scope: 2	2					

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SIERRA V	ISTA SENIOR LIVING			ISBY BLVD CITY, NV 89703			
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Y 923	Continued From pag	je 6		Y 923			
Y 923 SS=E	449.2748(3)(b) Medi	ication Container		Y 923			
	NAC 449.2748 3. Medication, include over-the-counter me supplement, must be (b) Kept in its original administered.	e:	ny				
	Based on observation	·	failed				
Y 936 SS=F	resident of a residen least 5 years after he facility. The file must that is resistant to fir unauthorized use. Trecords, letters, asses information and any the resident, includir	ust be maintained for ea tial facility and retained e permanently leaves th it be kept locked in a pla e and is protected agair The file must contain all essments, medical other information relate	for at e ace ast	Y 936			

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Y 936	Continued From page	e 7		Y 936			
	adopted pursuant the	reto.					
	This Regulation is not met as evidenced by: Based on record review on 8/9/10, the facility failed to ensure 3 of 4 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #1, #3 and #4).		y th				
	Severity: 2 Scope: 3	3					
Y1001 SS=F	449.2758(1) Training	Req-Elderly Disabled		Y1001			
	NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, "residential facility for elderly or disabled persons "means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.						
	Based on record revie failed to ensure that a	ot met as evidenced by: ew on 8/9/10, the facility minimum of 4 hours of care of elderly and disa	y f				

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Y1001	Continued From page	e 8		Y1001			
		ed within 60 days of hire ployee #1, #2, #3, and					
	Severity: 2 Scope	: 3					

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